

**DECLARATION FOR UTILITY OR
DESIGN
PATENT APPLICATION
(37 CFR 1.63)**

☒ Declaration Submitted with Initial Filing OR ☐ Declaration Submitted after Initial filing (surcharge (37 CFR 1.16(e)) Required)

Attorney Docket Number	1113-202
First Named Inventor	Dver
COMPLETE IF KNOWN	
Application Number	
Filing Date	November 7, 2001
Group Art Unit	2161
Examiner Name	

As a below named inventor, I hereby declare that:

My residence, post office address, and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled

Lead Suspect Management

(Title of the Invention)

the specification of which

☒ is attached hereto
OR

☐ was filed on (MM/DD/YYYY) [] as United States Application Number or PCT International

Application Number [] and was amended on (MM/DD/YYYY) [] (if applicable)

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56

I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or 365(b) of any foreign application(s) for patent or inventor's certificate, or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate, or of any PCT international application having a filing date before that of the application on which priority is claimed

Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Copy Attached?	
			<input type="checkbox"/>	YES	NO
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

☐ Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto:

I hereby claim the benefit under 35 U.S.C. 119(e) of any United states provisional application(s) listed below

Application Number(s)	Filing Date (MM/DD/YYYY)	<input type="checkbox"/> Additional provisional application Numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto

DECLARATION — Utility or Design Patent Application

I hereby claim the benefit under 35 U.S.C. 120 of any United States application(s), or 365(c) of any PCT international application designating the United States of America, listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States or PCT international application in the manner provided by the first paragraph of 35 U.S.C. 112, I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56 which became available between the filing date of the prior application and the national or PCT international filing date of this application.

U.S. Parent Application or PCT Parent Number	Parent filing Date (MM/DD/YYYY)	Parent Patent Number (if applicable)
00639,740	8/18/2000	

• Additional U.S. or PCT international application numbers are listed on a supplemental priority data sheet PTO/SB/02C attached hereto.

As a named inventor, I hereby appoint the following registered practitioner(s) to prosecute this application and to transact all business in the Patent and Trademark Office connected therewith:

- Customer Number
- OR
- Registered practitioner(s) name/registration number listed below

Place Customer
Number Bar Code
Label Here

Name	Registration Number	Name	Registration Number
Rochelle Lieberman, Esq.	39,276		

• Additional registered practitioner(s) named on supplemental Registered Practitioner Information sheet PTO/SB/02C attached hereto.

Direct all correspondence to: • Customer Number OR • Correspondence address below

Name	Lieberman & Brandsdorfer, LLC				
Address	12221 McDonald Chapel Drive				
Address					
City	Gaithersburg	State	MD	Zip	20878-2252
Country	United States of America	Telephone	301-948-7775	Fax	301-948-7774

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true, and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

Name of Sole or First Inventor:		• A petition has been filed for this unsigned inventor	
Given Name (first and middle (if any))		Family Name or Surname	
Alyssa		Dyer	
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Post Office Address	23 Nancy Drive		

Supplemental Address (if any) (Print Name)

DECLARATION										ADDITIONAL INVENTOR(S) Supplemental Sheet Page 3 of 4	
Name of Additional Joint Inventor, if any:					9 A person has been listed for this unassigned invention						
Given Name (first and middle (if any))					Family Name or Surname						
H. K. A.					G. E. HART						
Inventor's Signature		Robert A. Gephart					Date		10/31/01		
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Michael					Krona						
Inventor's Signature							Date				
Residence - City				State				Country			
Post Office Address											
Post Office Address											
City				State				Zip			
Country											
Name of Additional Joint Inventor, if any:					9 A person has been listed for this unassigned invention						
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John E.					Murphy						
Inventor's Signature							Date				
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Post Office Address											
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City				State				Zip			
Country											

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Supplemental Additional Inventors) Sheet PTO/USPTO (5/97)

DECLARATION		ADDITIONAL INVENTOR(S) Supplemental Sheet Page 2 of 1	
Name of Additional Joint Inventor, if any		<input type="checkbox"/> A petition has been filed for the undersigned inventor	
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Inventor's Signature	Date		
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Post Office Address			
City	State	Zip	Country
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Inventor's Signature	Date		11/6/01
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Name of Additional Joint Inventor, if any		<input type="checkbox"/> A petition has been filed for the undersigned inventor	
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Inventor's Signature	Date		11/6/01
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City	State	Zip	Country
Franklensville	PA	18970	USA

FOOT E2658660

Supplemental Additional Inventor(s) Sheet # TC/SD/ZA (3/97)

DECLARATION				ADDITIONAL INVENTOR(S) Supplemental Sheet Page 1 of 1				
Name of Additional Joint Inventor, if any:				<input type="checkbox"/> A petition has been filed for the unsigned inventor				
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Maiden A				Estate				
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Post Office Address								
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Name of Additional Joint Inventor, if any:				<input type="checkbox"/> A petition has been filed for the unsigned inventor				
Given Name (first and middle if any)				Family Name or Surname				
Maiden A				Estate				
Inventor's Signature				Date				
Residence: City		State		Country			Citizenship	
Post Office Address								
Post Office Address								
City		State		Zip		Country		
Name of Additional Joint Inventor, if any:				<input type="checkbox"/> A petition has been filed for the unsigned inventor				
Given Name (first and middle if any)				Family Name or Surname				
Maiden A				Estate				
Inventor's Signature				Date				
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City		State		Zip		Country		

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